

Nebraska Assistive Technology Partnership
Advisory Council Application



Date

Name

Address

City/State

Zip Code

Phone

E-mail address

Check all that apply:

I experience a disability (please specify)

I am a family member or guardian of an individual experiencing a disability (please specify)

I am an agency representative for

Other (please specify)

Please share a brief description of your background and experience in obtaining, using, and/or providing assistive technology devices. (To add more information, go to page 2)

Please describe the type of activities or organizations you have been involved with regarding disability related issues. (To add more information, go to page 2)

Why would you like to be a member of the ATP Advisory Council?

Please tell us more about your volunteer and work experience.

Submit application to Assistive Technology Partnership, 3901 N. 27th Street, Suite 5, Lincoln, NE 68521 or e-mail jackie.rapier@nebraska.gov